

DA 9/4
PTO/SB/21 (08-03)Approved for use through 07/31/2006. OMB 0651-0031
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/522,334
		Filing Date	3/9/2000
		First Named Inventor	Wagner
		Art Unit	1638
		Examiner Name	David H. Kruse
Total Number of Pages in This Submission	15	Attorney Docket Number	4257.0018.30

ENCLOSURES (check all that apply)

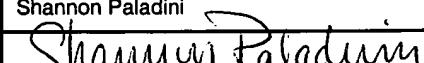
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input checked="" type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	return receipt postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Jan P. Brunelle
Signature	
Date	January 2, 2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Shannon Paladini		
Signature		Date	January 2, 2004

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Fee Transmittal for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 665)

Complete if Known

Application Number	09/522,334
Filing Date	3/9/2000
First Named Inventor	Wagner
Examiner Name	David H. Kruse
Art Unit	1638
Attorney Docket No.	4257.0018.30

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Other None
Order

Deposit Account:

Deposit Account Number
50-1108

Deposit Account Name
Exelixis, Inc.

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee
to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code (\$)	
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify) _____			

SUBTOTAL (1) (\$ 0)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	20 **	= 0 X 0 = 0	
Independent Claims	3 **	= 0 X 0 = 0	
Multiple Dependent		X 0 = 0	

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0)

*Reduced by Basic Filing Fee Paid **SUBTOTAL (3) (\$ 665)**

**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Jan P. Brunelle	Registration No. (Attorney/Agent)	35,081	Telephone	650.837.8180
Signature	<i>Jan P. Brunelle</i>			Date	January 2, 2004

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